In the United States Patent and Trademark Office

Applicant:

Francis Joseph Kronzer

Docket No.:

19608

Serial No.:

Group:

Confirmation No:

Examiner:

Filed:

December 31, 2003

For:

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Express Mail

EL 955701798 US

Combined Declaration and Power of Attorney Original U.S. Patent Application Sole Inventor

Mail Stop Patent Application Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

CUSTOMER NUMBER 23556

Sir:

As the below-named inventor, I hereby declare that:

My residence address, post office address and citizenship designation are as stated below, next to my name.

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought in the patent application entitled:

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the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the specification, including the claims and any accompanying drawings, as amended by any amendment specifically referred to in the oath or declaration.

I acknowledge my duty to disclose all information which is material to the patentability of this application as defined by 37 C.F.R. 1.56.

As the named inventor, I hereby appoint the attorneys and/or agents associated with Customer Number 23556 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.

We direct that all correspondence be addressed to the correspondence address associated with Customer Number 23556.

My representative Richard M. Shane may be contacted at: (770) 587-8626.

I hereby declare that:

- 1. All statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and
- 2. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Inventor's Full Name:	Francis Joseph Kronzer	
Inventor's Signature:		
Date of Execution of this Document:	Date:	
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